



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Office Use: DEC 18 2018

1. Statement Information

Date: 12/7/2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180114 & section changed 6)

2. Committee Information

Rogers for Missouri

Name of Committee

PO Box 12521 North Kansas City, MO 64116

(816) 560-0593

Committee Mailing Address, City, State, & Zip

Telephone Number

Clay County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Joseph Gauer

Treasurer's Name (First & Last)

2914 Erie Park North Kansas City, MO 64116

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 585-4046

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Wesley Rogers PO Box 12521 North Kansas City, MO 64116

(816) 560-0593

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

08/06/2020

State Rep, 18th District

Democrat

Support

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)